

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 594999

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19	1					
20		2				
21		1				
22		1				
23		1				
24		1				
25		1				
26		1				
27		2				
28		2				
29		2				
30	1					
31		1				
32		1				
33		1				
34		2				
35		2				
36		1				
37	1					
38	1					
39	1					
40	1					
41		1				
42		1				
43		1				
44		1				
45		1				
46		2				
47		2				
48		2				
49		1				
50		1				
TOTAL IND.	7					
TOTAL DEP.		28				
TOTAL CLAIMS	35					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		1				
TOTAL CLAIMS		1				